may be done; but in the majority of cases all you have to do is, from time to time, perhaps two or three times a day, to introduce a common elastic catheter, such as is employed for the urethra. You pass it beyond the wound, and through it inject broths and jellies. Of all this I have already fully informed you.—*London Lancet.*

TRIAL FOR MALPRACTICE.

Reported by D. Brainard, M.D., Chicago, Ill.

BENJAMIN BARTLETT *vs.* SOLOMON BLOOD.—This was an action for damages, brought by the plaintiff, in the Racine County (Ill.) District Court, October 30, 1844. It appeared by the testimony that Bartlett, about a year previously, while working on a house, fell, and the roof, covered with snow, fell upon him. He was carried to his own house and Dr. Blood sent for, who, on arriving, pronounced it a fracture "of the point of the shoulder," and for dressing, applied a pad between the arm and breast, a roller about both; and, according to some witnesses, one which passed from the elbow of the affected side to the opposite shoulder. This required replacing twice; and after the second replacement, about three weeks after the accident, the Doctor's attendance was discontinued, he alleges to have been dismissed. On examination of the arm, Oct. 29, 1844, we found the following appearances. The shoulder presented considerable fulness, the muscles not being very much atrophied for want of use. The external extremity of the clavicle was a little above the acromion, the superior surface of which was irregular, and had the appearance of having been slightly depressed at its point, but was immoveable. The arm could be raised to a horizontal position. The rotation was imperfect, and when raised to that extent the tendons of the pectoralis major, and of the latissimus dorsi and teres major muscles, were felt to be tense. The forearm could be extended so as to form an angle of 45°, with the line of axis of the humerus, and flexed a little beyond a right angle. From this latter circumstance, it had been supposed that the radius was dislocated forwards, but this part of the declaration was withdrawn before the trial. The hand was prone and could only be partially supinated, the tendons about the elbow were rigid and tense when efforts were made to perform extended movements. These were the only abnormal appearances. It was the opinion of most of the medical witnesses that there had been a fracture of the acromion, which was well re-united, an opinion which we ourselves entertained. The loss of movements we attributed to the rigidity of the fibrous tissues, but whether the original injury was such as to have permitted of a perfect restoration of the member, *within a year*, we would not undertake to decide, nor do we think any one can do so. The perfect union of the acromion showed there were not great defects in the treatment of the fracture of it. The jury, however, seemed to think the Doctor was bound to restore the arm to its movements, and gave a verdict for the plaintiff of $300 and costs.

If we consider that the contusions must have been extensive, and that

there may have been injury of the axillary plexus of nerves; that when a surgeon is dismissed he has often no means of proving it; that the movements of the member might be still improved by suitable treatment, we doubt not that Dr. Blood will have the sympathies of many members of the profession; for, if a surgeon is to pay all the damages which patients may sustain from such injuries, without their being called upon to show that they took ample means for the restoration of the movements of the member, *when the surgeon was not in attendance*, we see no security for the rights of the latter. If, instead of commencing a suit, Mr. Bartlett had applied to a surgeon, we think ourselves justified in expressing the opinion, that there was still time for the restoration of many of the movements and uses of the member, and that, even now, when a year has elapsed, much might be done by judicious and continued treatment, to restore it.—*Illinois Medical Journal.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 22, 1845.

Charges for Homœopathic Services.—Perhaps the following report of a suit for the recovery of fees for homœopathic practice, in Cincinnati, Pulte *vs.* Woodruff, may not be unacceptable to physicians generally, since it contains not only the opinions of eminent medical gentlemen of that city on the value of homœopathy, but an expression of the opinion of a jury also. We are indebted for the abstract, to the Botanico-Medical Recorder, for which work it was drawn up by a distinguished legal gentleman.

This was a suit to recover a bill of $92, for services rendered the defendant, as a physician.

The defence was that the bill had been settled and paid, and also that the services were of no value.

As to the first point, there was various testimony, pro and con.

As to the second point, it was proved that the plaintiff was employed as a homœopathic physician, and the defendant introduced witnesses for the purpose of proving that medicine administered upon the homœopathic system could not be of any use to the patient. On behalf of the plaintiff, Drs. Peck and Price were examined. Dr. Peck testified that he was educated in the allopathic school, and practised several years, that within some three or four years he had abandoned that system and adopted the homœopthic system; that the two systems did not differ so much in the medicines used, as in the mode and manner of administering them—that in the old system large doses of medicine were given for the purpose of operating upon the bowels, the stomach, or some other vital organ—that in the new mode they gave medicines in such minute quantities that it would not operate upon these organs, but would be incorporated into the system through the nerves and blood, and thus produce its corrective effect. He stated that the homœopathics gave mercury in doses as small as the